

REPRODUCTIVE HEALTH/FAMILY PLANNING PROGRAM including Early Intervention and Detection of Pregnancy (EIDP) Services

Reproductive Health/Family Planning Program Boundary Statement

Reproductive Health/Family Planning Program Quality Criteria

EIDP Program Boundary Statement

EIDP Program Quality Criteria

Reproductive Health/Family Planning & EIDP Program Objectives

2007 Program Boundary Statement Reproductive Health and Family Planning Services

For each performance-based contract program, the Division of Public Health (DPH) has identified a Boundary Statement. The Boundary Statement sets the parameters of the program within which the Local Public Health Department (LPHD), Tribe or agency will need to set its objectives. The boundaries are intentionally as broad as federal and state law permits to provide maximum flexibility. However, if there are objectives or program directions that the program is not willing to consider, those are included in the Boundary Statement.

Program Boundary Statement:

The purpose of the Reproductive Health/Family Planning (RH/FP) Program is to reduce the number of unintended pregnancies, and provide statewide access to quality and affordable contraceptive and related reproductive health services, consistent with the scope of family planning services defined in Title X Program Guidelines and Title XIX (Medicaid) administrative codes (HFS 107.21)

- Title X Program Guidelines define the mandatory and recommended client and clinic services in Part II, Sections 7-11. See http://opa.osophs.dhhs.gov/titlex/2001guidelines/ofp_guidelines_2001.html.
- Wisconsin Family Planning Medicaid Administrative Code defines the scope of contraceptive and related reproductive health services. See <http://www.legis.state.wi.us/rsb/code/hfs/hfs107.pdf>.

The goals of family planning and related reproductive patient care are to:

- promote preconception health (including planned and prepared for pregnancy, and pregnancy spacing),
- facilitate safe, effective, timely, and successful contraception to prevent unintended pregnancy,
- maintain reproductive health,
- protect fertility (including STD/ STI prevention, and testing and treatment),
- reduce risks to future pregnancy,
- promote early pregnancy confirmation and early identification of pregnancy-related risks, and
- encourage early pregnancy-related care.

Services supporting the above goals are provided in the context of contraceptive care. This is defined as an office visit having an ICD-9 code of v.25 (contraceptive management) as the primary or secondary diagnosis code within the previous or current calendar year.

Services are to be provided in coordination with EIDP Capacity/Infrastructure Services in Local Health Departments.

Long-term Program Goals:

- Reduce STD rates (Chlamydia and gonorrhea) among all ages, including adolescents.
- Reduce unintended pregnancies among women of all reproductive ages.
- Reduce adolescent pregnancy.
- Decrease inter-conception intervals less than 2 years.

Annual Program Goals:

- Increase access to emergency (back-up) contraception: particularly in advance of actual urgent need.
- Increase adoption of “dual protection” methods: simultaneous decisions about a method to reduce the risk of STD/STI as well as to protect from unintended pregnancy.
- Increase Medicaid Family Planning Waiver outreach and enrollment.
- Increase access (client convenience) to contraceptive supplies.

Target Populations:

- Low-income, under- or uninsured women at risk of unintended pregnancy.
- Sexually-active adolescents.

References:

Federal Regulations/Guidelines:

Title X Program Guidelines

State of Wisconsin Statutes and Administrative Rules:

WI Statute s. 253.07

WI Administrative Rule HFS 105.36 - Medicaid Family Planning

WI Administrative Rule HFS 151.04 - Family Planning

Program Policies:

Region V Infertility Prevention Guidelines

DHFS Adolescent Pregnancy Prevention Plan

Optimal or Best Practice Guidance:

Two objectives are required:

- Reproductive Health/Family Planning Objective: Must include an objective for the number of women receiving contraceptive services.
- EIDP Objective: Must include an objective for the number of women receiving early intervention and detection of pregnancy services.
- Multi-county Agencies: Multi-county agencies must write an objective for each county for both EIDP and Reproductive Health/Family Planning services.

Unacceptable Proposals:

The following activities are not-allowable for Reproductive Health/Family Planning:

- Promotion of services valued at more than 10% of the county RH/FP allocation,
- Enrollment into Medicaid or BadgerCare valued at more than 10% of the county RH/FP allocation, and
- Provision of and paying for services for people who are eligible for Medicaid when services are covered by Medicaid: (Title V/GPR is the payer of last resort).

The following activities are not-allowable for EIDP Services:

- Promotion of services valued at more than 10% of the county RH/FP allocation,
- Enrollment into Medicaid or BadgerCare valued at more than 20% of the county RH/FP allocation, and
- Provision of and paying for services for people who are eligible for Medicaid when Medicaid covers services: (Title V/GPR is the payer of last resort).

Relationship to State Health Plan: *Healthiest Wisconsin 2010*:

High-Risk Sexual Behavior: defined as “sexual behaviors, including unprotected sex, that make someone more susceptible to infections or diseases, or that result in unintended pregnancy.”

2007 Program Quality Criteria Family Planning Reproductive Health Services

Generally high program quality criteria for the delivery of quality and cost-effective administration of health care programs have been, and will continue to be required in each public health program to be operated under the terms of this contract. Contractees should indicate the manner in which they will assure each criterion is met for this program. Those criteria include:

Assessment and surveillance of public health to identify community needs and to support systematic, competent program planning and sound policy development with activities focused at both the individual and community levels.

- A. Family planning reproductive health programs must be part of a community plan or strategy that is based on a community needs assessment, to ensure:
- reasonable accessibility and availability of early intervention and detection of pregnancy (EIDP) and family planning reproductive health services for the community;
 - effective outreach to patients eligible for services under the Wisconsin Medicaid Family Planning Waiver, and efficient and convenient enrollment;
 - effective community pathways and referrals for essential services, as required by s. 253.07, for timely and appropriate comprehensiveness and continuity of care;
 - measurement of effectiveness, using indicators accepted within the field of family planning, to evaluate the community system of services; and
 - on-going surveillance to evaluate progress in the community.

Delivery of public health services to citizens by qualified health professionals in a manner that is family centered, culturally competent, and consistent with the best practices; and delivery of public health programs for communities for the improvement of health status.

- A. Family Planning and Reproductive Health
- 1) Family planning reproductive health programs must provide:
- contraceptive services (emergency and ongoing methods), and
 - “related reproductive health services,” which include the following components:
 - reproductive health screening and assessment services, including cervical cancer screening;
 - sexually transmitted disease screening and assessment, diagnosis and treatment, and disease intervention services;
 - pregnancy testing, risk assessment; and early pregnancy care services, timely appropriate care and follow-up;
 - patient education and anticipatory guidance;
 - enrollment into Medicaid Healthy Start and the Family Planning Waiver; and
 - short-term care coordination services including follow-up testing, assessment, and referral and follow-up on any abnormal findings for which further diagnosis and treatment is recommended.

- 2) The scope of “related reproductive health services” must be consistent with federal Title X and Wisconsin Medicaid family planning rules, which define the health services allowable as part of family planning services, and must be provided within the context of contraceptive services.
- 3) The “context of contraceptive care” is defined as an office visit having an ICD-9 code of v.25 (contraceptive management) as the primary or secondary diagnosis code within the previous or current calendar year.
- 4) The scope of family planning and reproductive health services has been expanded to include increased provision and education about emergency contraception and “dual protection” services. These changes reflect practices that have emerged in the field of family planning and reproductive health.
 - “Dual protection” means choosing a family planning method and making decisions about one's sexual behavior at the same time, as recommended by the World Health Organization: “Anyone with a risk factor for sexually transmitted infections (STIs) should use dual protection...” Patients must receive information necessary to make an informed decision about appropriate dual protection.
 - Emergency contraception (EC), particularly in advance of actual need, must be provided consistent with evidence on EC’s timing and effectiveness following exposure to an unintended pregnancy. Patients must receive information on the role of EC as a back-up method of contraception, and recommended use for maximum effectiveness in preventing unintended pregnancy.

B. Early Intervention and Detection of Pregnancy

- 1) Family planning reproductive health programs must provide EIDP services that include intervention to prevent unintended pregnancy as well as intervention to promote early pregnancy-related care. The scope of EIDP services is expanded to include “Early Intervention and Detection of Pregnancy” services.
- 2) EIDP goals include:
 - early detection of pregnancy and pregnancy-related risks;
 - timely intervention and continuity of care appropriate for patient pregnancy status and pregnancy plans, including pregnancy and contraceptive services; and
 - access to Medicaid programs, including Healthy Start and the Family Planning Waiver
- 3) EIDP services must support the above goals and must include activities that:
 - increase awareness about family planning and pregnancy-related health care needs and services,
 - promote (i.e., outreach) the Family Planning Waiver, regular Medicaid services, BadgerCare, and Healthy Start services,
 - enroll eligible women into the Family Planning Waiver as well as Healthy Start,
 - directly provide pregnancy testing services, and
 - ensure timely and appropriate access to emergency and on-going contraception.

- 4) EIDP services must be available to women at risk of an unintended pregnancy or who suspect they could become or could have become pregnant. Among women who suspect they are at risk of an unintended pregnancy (within the past 72 hours), emergency contraception must be available, i.e., present and ready for use, as an early intervention. Information about EC, as an alternative to waiting until a pregnancy test can be performed, and the risk of unintended pregnancy, must be provided.
 - 5) EIDP Pregnancy Testing Services
 - Pregnancy testing services are defined as a pregnancy test performed under circumstances in which pregnancy is suspected. CPT/ICD-9 Coding: an office visit including a pregnancy test (CPT Code 81025) with a v72.4 ICD-9 Code (pregnancy examination or test).
 - EIDP services do not include patients receiving pregnancy tests that are routinely performed, defined by practice or protocol, for the purposes of “ruling-out” a possible pregnancy prior to a medical intervention, such as medication or hormonal contraception. CPT/ICD-9 Coding: a pregnancy test (procedure code 81025) with a v82.8 ICD-9 Code (special screening for other specified conditions).
 - 6) Pregnancy testing services must be provided in conjunction with:
 - risk assessment, timely and appropriate referral for pregnancy or contraceptive care, and timely follow-up;
 - patient education and anticipatory guidance sufficient for clients to make informed choices and decisions;
 - presumptive eligibility enrollment in the Medicaid Family Planning Waiver and Healthy Start Programs (as needed); and
 - short-term care coordination services to manage identified needs.
- C. Family planning and reproductive health programs must:
- 1) provide clinic services under the supervision of a Registered Nurse;
 - 2) have the capacity to directly provide the following services on-site: pregnancy testing services, emergency contraception, immediate prescription contraception with the option to defer medical/laboratory services, prescription supplies, non-prescription supplies, sexually transmitted disease testing and treatment including but not limited to gonorrhea and chlamydia, using the established selective screening guidelines developed by DHFS/DPH (<http://www.hcet.org/wfpp/sandr/clap.html>), and
 - 3) ensure reasonable access and waiting period for provision of on-site or off-site physical examinations and laboratory tests.
- D. Family planning reproductive health programs must assure that the content of patient care and the provision of services within family planning programs comply with current established policies, and are consistent with professional standards and guidelines within the field of family planning, including:

- 1) Ch. 105, 107, Wis. Admin. Code, (Medicaid),
(<http://www.legis.state.wi.us/rsb/code/hfs/hfs107.pdf>),
- 2) Title X Program Guidelines
(http://opa.osophs.dhhs.gov/titlex/2001guidelines/ofp_guidelines_2001.html),
- 3) DHFS Guidelines for Perinatal Care: Preconceptional Health Services
(<http://www.hcet.org/wfpp/sandr/sandg.html#hbg>)
- 4) “Patient Rights and Provider Responsibilities: Privacy and Confidentiality Issues for Family Planning and Reproductive Health Services - A Resource Guide for the Wisconsin Family Planning Program”(<http://www.hcet.org/wfpp/sandr/conf.html>) to assure patient privacy rights and consumer confidence in confidentiality safeguards for all patient information;
- 5) Region V Infertility Prevention Guidelines <http://www.hcet.org/wfpp/sandr/clap.html>);
- 6) American Academy of Obstetricians and Gynecologists (ACOG) Women's Health Guidelines, (<http://sales.acog.com/acb23/category.cfm?&DID=6&CATID=16>);
Contraceptive Technology (<http://www.contraceptiveupdate.com/>).

E. Family planning reproductive health programs must submit pap smears, chlamydia and gonorrhea tests for all patients receiving clinical services to the Wisconsin State Laboratory of Hygiene or request approval in writing to use other laboratories that assure equivalent quality standards.

Record keeping for individually focused services that assure documentation and tracking of client health care needs, response to known health care problems on a timely basis, and confidentiality of client information.

- A. Family planning reproductive health programs must establish policies and procedures to:
- protect and safeguard family planning patient privacy and confidentiality rights in compliance with HIPAA privacy requirements
(<http://www.hcfa.gov/medicaid/hipaa/adminsim/privacy.htm>), and
 - comply with regulations and guidelines defining chart requirements for the content of patient records, including Wisconsin Family Planning Medicaid Program requirements (<http://www.legis.state.wi.us/rsb/code/hfs/hfs105.pdf>), and Title X requirements
(http://opa.osophs.dhhs.gov/titlex/2001guidelines/ofp_guidelines_2001.html).

Information, education, and outreach programs intended to address known health risks in the general and certain target populations to encourage appropriate decision making by those at risk and to affect policy and environmental changes at the community level.

- A. Family planning reproductive health programs must provide public information and education, and outreach services designed to increase awareness and understanding among

all women of childbearing age of family planning and related reproductive health care issues, key reproductive health knowledge areas, and where to obtain services; and coordinate with other public information within the community to ensure the reproductive-age population access to appropriate, evidence-based information involving sexual decisions, the consequences and risks of sexual activity, and the choices to reduce the likelihood of unintended consequences.

- B. Family planning reproductive health programs must place particular emphasis on reaching population segments that lack access, are at higher relative risk of unintended pregnancy and reproductive health morbidity, and other population segments appropriate to the county.

Coordination with related programs to assure that identified public health needs is addressed in a comprehensive, cost-effective manner across programs and throughout the community.

- A. Family planning reproductive health programs must coordinate and integrate with other state and local programs and initiatives, including the Medicaid Family Planning Waiver, Adolescent Pregnancy Prevention Program; Healthy Start; Prenatal Care Coordination, WIC.

A referral network sufficient to assure the accessibility and timely provision of services to address identified public health care needs.

- A. Family planning reproductive health programs must be integrated into community referral networks that provide effective access for essential services and facilitate timely continuity of patient care. For example, networks established through memoranda of understanding with other providers for appropriate referral of clients.

Provision of guidance to staff through program and policy manuals and other means sufficient to assure quality health care and cost-effective program administration.

- A. Family planning reproductive health programs must establish and maintain written policy and program information to staff in manuals that contain:
- policies and protocols that reflect current standards and guidelines recognized in the field of family planning, and
 - medical and administrative policy and procedures that are periodically reviewed and updated.
- B. Family planning reproductive health programs must establish and maintain quality assurance mechanisms (including chart audits) that are consistent with the Title X and Title XIX requirements, and periodically measure compliance with established policies.

Financial management practices sufficient to assure accurate eligibility determination, appropriate use of state and federal funds, prompt and accurate billing and payment for services provided and purchased, accurate expenditure reporting, and, when required, pursuit of third-party insurance and Medicaid coverage of services provided.

A. Family planning reproductive health programs must:

- 1) Maintain a budget for reproductive health and family planning program expenses and revenue, including program-generated revenue. A minimum of 20% program generated income is required to be earned by programs.
- 2) Screen all patients for third party health coverage, including private coverage and that under Medicaid, including BadgerCare, Healthy Start and the Family Planning Waiver.
- 3) Submit claims for third party reimbursement.
- 4) Establish reasonable requirements for patient charges based on a sliding fee (discount) schedule using the most current Poverty Income Guidelines and assure no eligible patient is charged for “no-charge” and “fee-exempt” tests provided through the State Laboratory of Hygiene (SLOH).
- 5) Fully utilize “no-charge” and “fee-exempt” tests available through the SLOH.
- 6) Submit laboratory specimens and laboratory request forms following SLOH instructions, and follow SLOH instructions for third party billing coordination.

Data collection, analysis, and reporting to assure program outcome goals are met or to identify program management problems that need to be address.

- A. Family planning reproductive health programs must collect patient information (i.e., patient demographic, need or problem-related information, and visit or service information), necessary to meet the DHFS Reproductive Health/Family Planning Program contract reporting requirements.
- B. Programs must submit data in the format required by DPH, using either the DPH SPHERE data system or another data system to meet the reporting requirements.

2007 Program Boundary Statement Early Intervention and Detection of Pregnancy Services Capacity/Infrastructure In Local Health Departments

For each performance-based contract program, the Division of Public Health (DPH) has identified a Boundary Statement. The Boundary Statement sets the parameters of the program within which the Local Public Health Department (LPHD), Tribe or agency will need to set its objectives. The boundaries are intentionally as broad as federal and state law permits to provide maximum flexibility. However, if there are objectives or program directions that the program is not willing to consider, those are included in the Boundary Statement.

Program Boundary Statement:

The purpose of the Early Intervention and Detection Program (EIDP) is to provide intervention for early detection of pregnancy and early prevention of unintended pregnancy, appropriate for the individual circumstances and pregnancy plans of reproductive-age women.

The goals of the EIDP program are:

- Early pregnancy detection
- Early identification of pregnancy-related risks
- Timely and appropriate pregnancy-related care
- Prevention of unintended pregnancy
- Preconception health (planning and preparation for healthy pregnancy, and pregnancy spacing)
- Safe, effective, timely, and successful contraception to prevent unintended pregnancy
- Expanded access to Medicaid programs (including Healthy Start and the Family Planning Waiver)

Services supporting the above goals are to be provided in coordination with reproductive health and family planning services.

Long-term Program Goals:

- Reduce unintended pregnancies among women of all reproductive ages
- Reduce adolescent pregnancy
- Decrease inter-conception intervals less than 2 years

Annual Program Goals:

- Increase Medicaid Family Planning Waiver outreach and enrollment
- Increase access to emergency contraception
- Increase access to contraceptive services and supplies.

Target Populations:

- Low-income, under-insured or uninsured women at risk of unintended pregnancy
- Sexually-active adolescents

References:Federal Regulations/Guidelines:

Title X Program Guidelines

State of Wisconsin Statutes/Administrative Rules/Guidelines:

WI Statute s. 253.07

WI Administrative Rule HFS 105.36 - Medicaid Family Planning

Program Policies:

DPH Reproductive Health and Family Planning Program Quality Criteria

Department of Health and Family Services, Adolescent Pregnancy Prevention Plan

Optimal or Best Practice Guidance:EIDP Objectives:

Organizations should select objectives appropriate to organization capacity, organization priorities, population needs, and the size of the grant allocation. Regardless of template objective selected (or other objective developed), the organization must establish and maintain the capacity to provide appropriate activities that support the purpose and goals of EIDP, including:

- Directly provide pregnancy tests, education and counseling, referral, and appropriate short-term care coordination
- Provide information, and timely and appropriate access to emergency contraception for women who suspect recent exposure to possible unintended pregnancy
- Provide timely and appropriate access to contraceptive services
- Directly provide presumptive enrollment into Medicaid Healthy Start and Family Planning Waiver

EIDP services are to be provided in coordination with reproductive health and family planning services available within the community.

Unacceptable Proposals:

The following activities are not allowable when providing EIDP services:

- Sub-contracting for services under this grant award rather than developing internal capacity and infrastructure.
- Providing and paying for services for people who are eligible for Medicaid when services are covered by Medicaid: (that is, Title V and GPR is the payer of last resort).

Relationship to State Health Plan: *Healthiest Wisconsin 2010:*

Access to Primary and Preventive Health Services: Increase the percent of the population with health insurance for all of the year.

2007 Program Quality Criteria
Early Intervention and Detection of Pregnancy Services (EIDP)
Capacity Infrastructure in Local Health Departments

Generally high program quality criteria for the delivery of quality and cost-effective administration of health care programs have been, and will continue to be required in each public health program to be operated under the terms of this contract. Contractors should indicate the manner in which they will assure each criterion is met for this program. Those criteria include:

Assessment and surveillance of public health to identify community needs and to support systematic, competent program planning and sound policy development with activities focused at both the individual and community levels.

- A. EIDP services must be part of a community plan or strategy to ensure reasonable accessibility and availability of EIDP and family planning reproductive health services for the community, and to ensure effective outreach to patients eligible for services under the Wisconsin Medicaid Family Planning Waiver and Healthy Start.

Delivery of public health services to citizens by qualified health professionals in a manner that is family centered, culturally competent, and consistent with the best practices; and delivery of public health programs for communities for the improvement of health status.

A. Overview

1) EIDP Program goals include:

- early detection of pregnancy and pregnancy-related risks;
- timely intervention and continuity of care appropriate for patient pregnancy status, pregnancy plans (including pregnancy and contraceptive services); and
- access to Medicaid programs (including Healthy Start and the Family Planning Waiver)

2) The purpose of an EIDP grant allocation is to support capacity and infrastructure in local public health departments (LPHD) to promote and protect reproductive health in the reproductive age population. This capacity establishes the LPHD as a credible source of accurate and reliable information, and as an access point (entry point) into community services.

3) EIDP capacity and infrastructure means that an agency is organized and prepared to engage in an active assurance role to:

- increase awareness and understanding about family planning reproductive health and pregnancy-related health care needs and services,
- promote (outreach) the Family Planning Waiver, regular Medicaid services, BadgerCare, and Healthy Start services,
- enroll eligible women into the Family Planning Waiver as well as Healthy Start,
- directly provide pregnancy testing services, and
- ensure timely and appropriate access to emergency and on-going contraception.

- B. To engage in an active EIDP assurance role, the agency must develop and maintain the following capability.
- 1) Agency will maintain complete and accurate, evidence-based information about family planning (including emergency and on-going contraception), reproductive health, preconception, and pregnancy-related health needs that is available for distribution and dissemination to agency clients and other women of reproductive age in the community. Agency staff will have access to current evidence-based information. Information will be incorporated into ongoing client education, community education and public information activities.
 - 2) Agency will maintain complete and accurate information about the Family Planning Waiver, Healthy Start, BadgerCare and regular Medicaid services and enrollment that is available for distribution and dissemination to agency clients and other women of reproductive age in the community. Agency staff will have access to current information. Information about these programs and benefits will be incorporated into ongoing client education, community education and public information activities.
 - 3) Agency will maintain Medicaid certification for Presumptive Eligibility to enroll eligible women in Healthy Start and the Family Planning Waiver to provide a community entry point for access to services and care. Agency staff will have the knowledge and skills to screen and properly enroll eligible women and to inform enrolled women about how and where to obtain covered services and supplies. Agency will establish and maintain linkages with the economic support office to facilitate efficient enrollment and re-enrollment.
 - 4) Agency will be a source for pregnancy tests in the community, providing an entry into either Healthy Start and pregnancy-related care, or contraceptive services through Family Planning Waiver enrollment and referral.
 - 5) Agency will maintain linkages with community health care providers to enable clients to obtain services and supplies in a timely manner that is appropriate to client circumstances. Agency will not be required to directly provide contraceptive supplies. Agency will maintain information about community pharmacy policies and practices, including emergency contraception availability and services under the Family Planning Waiver. Agency will maintain arrangements with community family planning program(s) and other providers for timely and appropriate access to services and supplies.
- C. Pregnancy testing services must be provided in conjunction with:
- risk assessment, timely and appropriate referral for pregnancy or contraceptive care, and timely follow-up;
 - patient education and anticipatory guidance sufficient for clients to make informed choices and decisions;
 - presumptive eligibility enrollment in the Medicaid Family Planning Waiver and Healthy Start Programs (as needed); and

- short-term care coordination services to manage identified needs.
- D. EIDP services must include intervention to prevent unintended pregnancy as well as intervention to promote early pregnancy-related care. Therefore, EIDP services must also be available to women at risk of an unintended pregnancy or who suspect they could become (or could have recently become) pregnant.
- 1) EIDP services must ensure timely and appropriate access to emergency hormonal contraception and on-going contraceptive services and supplies. Among women who suspect they are at risk of an unintended pregnancy (within the past 72 hours), emergency contraception (EC) must be accessible as an early intervention. Information about EC as an alternative to waiting until a pregnancy test can be performed and the risk of unintended pregnancy must be provided.
 - 2) Emergency contraception must be accessible to patients, consistent with evidence on EC's timing and effectiveness following exposure to an unintended pregnancy. Patients must receive information on the role of EC as a back-up method of contraception, and recommended use for maximum effectiveness in preventing unintended pregnancy.
- E. EIDP services must be delivered under the supervision of a Registered Nurse; and ensure access to "reproductive health services" (appropriate for individual client health needs and circumstances), including: reproductive health screening and assessment services, including cervical cancer screening; and sexually transmitted disease screening and assessment, diagnosis and treatment, and disease intervention services.
- F. EIDP services must assure that the content of patient care and the provision of services comply with current established policies, and are consistent with professional standards and guidelines within the field of family planning involving pregnancy testing and patient education and counseling.
- G. Relevant standards and guidelines include:
- Title X Program Guidelines (http://opa.osophs.dhhs.gov/titlex/2001guidelines/ofp_guidelines_2001.html),
 - DHFS's Guidelines for Perinatal Care: Preconception Health Services (<http://www.hcet.org/wfpp/sandr/sandg.html#hbg>)
 - "Patient Rights and Provider Responsibilities: Privacy and Confidentiality Issues for Family Planning and Reproductive Health Services - A Resource Guide for the Wisconsin Family Planning Program (<http://www.hcet.org/wfpp/sandr/conf.htm>) to assure patient privacy rights and consumer confidence in confidentiality safeguards for all patient information;
 - American Academy of Obstetricians and Gynecologists (ACOG) Women's Health Guidelines (http://sales.acog.com/acb/stores/1/product1.cfm?SID=1&Product_ID=246) and
 - Contraceptive Technology (<http://www.contraceptiveupdate.com/>).

Record keeping for individually focused services that assure documentation and tracking of client health care needs, response to known health care problems on a timely basis, and confidentiality of client information.

- A. EIDP services must protect and safeguard reproductive health patient privacy and confidentiality rights in compliance with HIPAA privacy requirements (<http://www.cms.hhs.gov/hipaa/hipaa2/regulations/privacy/default.asp>), and comply with regulations and guidelines defining chart requirements for the content of patient records, including Wisconsin Family Planning Medicaid Program requirements (<http://www.legis.state.wi.us/rsb/code/hfs/hfs105.pdf>), and Title X requirements (http://opa.osophs.dhhs.gov/titlex/2001guidelines/ofp_guidelines_2001.html).

Information, education, and outreach programs intended to address known health risks in the general and certain target populations to encourage appropriate decision making by those at risk and to affect policy and environmental changes at the community level.

- A. EIDP services must be part of public information, education and outreach activities to increase awareness and understanding among all reproductive-age women of family planning and related reproductive health care issues, key knowledge areas, and where to obtain services.
- B. EIDP services must place particular emphasis on reaching population segments that lack access, are at higher relative risk of unintended pregnancy and reproductive health morbidity, and other population segments appropriate to the county.

Coordination with related programs to assure that identified public health needs are addressed in a comprehensive, cost-effective manner across programs and throughout the community.

- A. EIDP services must be coordinated and integrated with other state and local programs and initiatives, including: the Medicaid Family Planning Waiver, Adolescent Pregnancy Prevention Program, Healthy Start, Prenatal Care Coordination and WIC, to facilitate timely and appropriate continuity of care.

A referral network sufficient to assure the accessibility and timely provision of services to address identified public health care needs.

- A. EIDP services must be integrated into community referral networks that provide effective access for essential services and that facilitate timely continuity of patient care. For example, networks established through memoranda of understanding with other providers for appropriate referral of clients.

Provision of guidance to staff through program and policy manuals and other means sufficient to assure quality health care and cost-effective program administration.

- A. EIDP service policies and practices must reflect current standards and guidelines recognized in the field of family planning reproductive health, be periodically reviewed and updated, and have quality assurance safeguards to ensure compliance with contract requirements and standards.

Financial management practices sufficient to assure accurate eligibility determination, appropriate use of state and federal funds, prompt and accurate billing and payment for services provided and purchased, accurate expenditure reporting, and, when required, pursuit of third-party insurance and Medicaid coverage of services provided.

- A. EIDP services must screen all patients for third party health coverage, both private and Medicaid including BadgerCare, Healthy Start and the Family Planning Medicaid Waiver, and submit claims for third party reimbursement, if reimbursable services are directly provided.
- B. EIDP services must establish reasonable requirements for patient charges based on a sliding fee (discount) schedule using the most current Poverty Income Guidelines, if clients are charged for services.

Data collection, analysis, and reporting to assure program outcome goals are met or to identify program management problems that need to be address.

- A. Agencies providing EIDP-LPHD services must collect client information for the required deliverables that correspond to the activities under 2.a.1-5, and other client information necessary to meet the DHFS EIDP-LPHD contract reporting requirements.
- B. Agencies must submit data in the format required by DPH, using either the SPHERE data system or another data system to meet the reporting requirements.

2007 Reproductive Health Program Template Objectives

Family Planning/Reproductive Health (Required)

Objective Statement: By December 31, 2007, (insert number) unduplicated women of reproductive age will receive contraceptive services including emergency contraception and dual protection from [choose from: the (insert name) County Health Department Reproductive Health Program - or - (name of provider)] in (insert name) County.

Deliverable: A report to document the number of unduplicated women of reproductive age who received contraceptive services from [choose from: the (insert name) County Health Department Reproductive Health Program - or - (name of provider)] in (insert name) County, including number of emergency contraception doses provided and number of unduplicated clients to whom dual protection supplies were provided one or more times during the year.

Context: Comprehensive contraceptive and related-reproductive health care provided to the reproductive-age population. Reproductive-age women shall also receive early intervention and detection of pregnancy intervention services as appropriate to their circumstances and decisions. Early intervention and detection of pregnancy intervention services provided shall include Medicaid Family Planning Waiver and Healthy Start presumptive eligibility enrollment, emergency and on-going contraceptive services, and pregnancy testing. Coordination shall occur with services under the EIDP-Local Health Department allocation to ensure timely and convenient access to contraceptive supplies and services. Dual protection services are defined as receiving a surgical or prescription contraceptive method to prevent unintended pregnancy and a female or male condom to reduce the risk of sexually transmitted disease.

Data Source for Measurement: SPHERE Individual/Household Report to include the MCH Required Demographic Data and data from the following screen: Contraceptive Services (CPT office visit code dependent on service provided and any V25 Diagnosis code): or agency generated report.

For Your Information: Timely access to contraceptive supplies, including emergency backup contraception, dual protection, and Medicaid Family Planning Waiver enrollment are three priorities under this service. Proper documentation of CPT office visit codes and ICD-9 codes related to contraceptive services, as defined in the Family Planning/Reproductive Health Program Quality Criteria, is essential for accurate and valid measurement of the objective (i.e., the number of patients who received services). Only information entered into the Division of Public Health's GAC Web application will be used to evaluate the extent to which this objective was met.

2007 Reproductive Health Program Template Objectives
Family Planning/Reproductive Health (Optional)

Objective Statement: By December 31, 2007, (inset number) unduplicated (inset description of population segment) will receive contraceptive services from [choose from: the (inset name) County Health Department Reproductive Health Program - or - (name of provider)] in (inset name) County.

Deliverable: A report to document the number of unduplicated (inset description of population segment) who received contraceptive services from [choose from: the (inset name) County Health Department Reproductive Health Program - or - (name of provider)] in (inset name) County.

Context: Comprehensive contraceptive and related reproductive health care provided to specific segments of the reproductive-age population.

Data Source for Measurement: SPHERE Individual/Household Report to include the MCH Required Demographic Data and data from the following screen: Contraceptive Services (CPT office visit code dependent on service provided and any V25 Diagnosis code): or agency generated report.

For Your Information: Examples of population segments include, but are not limited to, teens, women ages 35-44, non-English speaking women, specific ethnic groups. Proper documentation of CPT office visit codes and ICD-9 codes related to contraceptive services, as defined in the Family Planning/Reproductive Health Program Quality Criteria, is essential for accurate and valid measurement of the objective (i.e., the number of patients who received services). Only information entered into the Division of Public Health GAC-Web application will be used to evaluate the extent to which this objective is met.

2007 Reproductive Health Program Template Objectives
EIDP – Family Planning/Reproductive Health (Required)

Objective Statement: By December 31, 2007, (insert number) unduplicated women of reproductive age will receive early intervention and detection of pregnancy services from the [choose from: (insert name) County Health Department Reproductive Health Program - or - (name of provider)] in (insert name) County.

Deliverable: A report to document the number of unduplicated women of reproductive age who received early intervention and detection of pregnancy services from [choose from: the (insert name) County Health Department Reproductive Health Program - or - (name of provider)] in (insert name) County including total number of pregnancy tests, number of unduplicated clients with a positive test result, number of unduplicated clients with a negative test result, and the number of unduplicated clients with negative results who received same day prescription contraceptive services.

Context: Pregnancy testing, and timely intervention, services, and referrals, appropriate for the health needs and circumstances of individual clients and their pregnancy status and plans.

Data Source for Measurement: SPHERE Individual/Household Report to include MCH required demographic data and data from the following screens: Pregnancy Test (CPT office visit code dependent on service provided and V72.4 Diagnosis Code) and Contraceptive Services (CPT office visit code dependent on service provided and any V25 Diagnosis code): or agency generated report.

For Your Information: Proper documentation of CPT office visit codes and ICD-9 codes related to early intervention and detection of pregnancy services, as defined in the Family Planning/Reproductive Health Program Quality Criteria, is essential for accurate and valid measurement of the objective (i.e., the number of patients who received services). Only information entered into the Division of Public Health GAC-Web application will be used to evaluate the extent to which this objective is met.